



## **CMHDA Key Points Regarding Using the MHSA to Coordinate and Improve Prevention and Early Intervention Strategies for Addressing Co-Occurring Substance Abuse and Mental Health Disorders**

The focus of this hearing is on a population that has not received the attention and priority they deserve, and we applaud the Chair, Assemblyman Jim Beall, for bringing this to the public's attention.

CMHDA has recently adopted a values framework which serves as the anchor from which we develop our policy priorities and principles to guide our decision-making and advocacy strategies. The fundamental value of our framework is to advocate for equity and full inclusion of vulnerable populations and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities. ***CMHDA has identified individuals with co-occurring substance abuse and mental health disorders and their families as highly vulnerable populations that warrant our attention and advocacy.***

We are excited about the opportunity that the MHSA presents as a vehicle to begin to better address the needs of this population – which we all recognize is a significant proportion of the population served by the public mental health system. We also recognize that prevention and early intervention funding through the MHSA can be a vital tool in filling gaps that currently exist in current programs.

CMHDA seeks to implement the MHSA under the direction of its values framework. Toward that end, we would like to offer some salient points and initial thoughts to consider as we endeavor to implement the MHSA in a way that is most effective and impactful for the populations we serve, including those with co-occurring disorders.

CMHDA members have a longstanding interest in addressing common service needs of consumers that utilize mental health and substance abuse services. We are committed to equitable services for individuals served in the public mental health system regardless of their additional challenge of living with a substance abuse disorder.

**During the stakeholder process, many counties identified the numerous problems associated with a bifurcated service system for consumers with co-occurring disorders.**

- Among the first three-year MHSA CSS Plans submitted there are 19 counties with specific programs to address co-occurring disorders, which indicates the interest and commitment of counties to identify strategies to meet this need. These counties are quite diverse in size and the target populations they serve. Based on their communities needs as indicated in the stakeholder process, counties ranging from small such as Sutter-Yuba to large like Santa Clara, have dedicated MHSA resources to integrating services for individuals with co-occurring disorders.

For example, in Sutter-Yuba, co-occurring services were an important addition to the range of services being provided to children and youth. While entitlement programs like EPSDT and AB 3632 can provide services for those who qualify, services specific to those with co-occurring disorders might not exist or resources are needed to ensure that services are integrated. Clarifying what services Medi-Cal can pay for (specialty mental health or drug and alcohol treatment or both) would be helpful to maximize integration efforts with MHSA funds.

- Many other programs, particularly the Full Service Partnerships and services proposed for clients who are involved in the criminal justice system, also have identified the objective of effectively addressing co-occurring disorders. Counties may consider leveraging other resources, such as SAMHSA initiatives to support the implementation of evidence-based practices, including integrated dual diagnosis treatment. In doing so, more MHSA resources can be reserved to pay for services that Medi-Cal, SAMHSA, or drug and alcohol programming funds cannot.

**However, we know that in order to provide quality and cost-effective services there is a need for education, training and technical assistance of our workforce to support system integration:**

- The MHSA has the flexibility and the expectation that we do “whatever it takes” to promote recovery of those who have serious mental illnesses, including those who have co-occurring substance abuse issues. But for many staff, the concept of flexible funding is new, and we need to help educate them on evidence-based and promising practices that work for this population.
- The MHSA can help to break down the barriers to coordinating care of people with co-occurring disorders through education and training strategies. Mental health staff can be trained to provide drug and alcohol treatment, while MHSA dollars can buy drug and alcohol treatment from service providers. It is also helpful to recruit new staff and cross train them, in addition to re-training people who have one discipline or the other.
- Drug and alcohol providers have been leaders in prevention, early intervention and recovery strategies and services. We are eager to learn from their work. For the Prevention and Early Intervention (PEI) program funds, we could identify programs that are working and MHSA dollars can be used to augment those programs, or used to evaluate the efficacy of other promising programs. What is working should then be disseminated through training and technical assistance.

**MHSA Prevention and Early Intervention (PEI) Funds offer a new opportunity for partnership that will target helping individuals and families before co-occurring disorders become a by-product of insufficient services and supports.**

- As counties initiate planning for the Prevention and Early Intervention Component of the MHSA, it is very likely that co-occurring disorders will again be raised through the local planning process, and that strategies to address co-occurring problems will be a strong element of proposed plans.

- Drug and alcohol prevention programs have been limited in their ability to adequately offer an alternative to using substances to cope with life challenges and trauma. Particularly for children and young adults, the MHSA through PEI programs can provide a critical additional component to support resilience and wellness. High risk youth can then be identified and directed toward programs that provide interventions or services for those with existing or emerging mental health disorders.

Finally, several counties have developed innovative programs that combine local resources, including MHSA funds, to establish programs to address co-occurring problems. Examples are Dual Diagnosis Treatment Courts, FSPs and residential treatment programs. This is only the beginning of important opportunities to invest in at the local level. Now it is time to identify how best to proceed with effective practices and new partnerships.